



Form B1, p.1 (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

United States Bankruptcy Court Northern District of Illinois										Voluntary Petition	
Name of Debtor(if individual, enter Last, First, Middle): CLEVELAND, ZORA					Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the debtor in the last 8 years (include maiden and trade names):					All Other Names used by the joint debtor in the last 8 years (include maiden and trade names):						
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 0269					Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):						
Street Address of Debtor (No. & Street, City and State): 7300 South Bell					Street Address of Joint Debtor (No. & Street, City and State):					ZIP CODE	
Chicago IL											
County of Residence or of the Principal Place of Business: Cook					County of Residence or of the Principal Place of Business:						
Mailing Address of Debtor (if different from street address):					Mailing Address of Joint Debtor (if different from street address):					ZIP CODE	
ZIP CODE											
Location of Principal Assets of Business Debtor (if different from street address above):					ZIP CODE						
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (<i>the Internal Revenue Code</i>).		Nature of Business (Check all applicable boxes) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. §101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.						
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See See Official Form 3A. <input type="checkbox"/> Filing Fee Waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. §101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. §101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders of affiliates) are less than \$2 million.						
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds for distribution to unsecured creditors					THIS SPACE FOR COURT USE ONLY						
Estimated number of Creditors		1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Estimated Debts		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Form B1, p.2 (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): CLEVELAND, ZORA	
All prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> <div> <u>/s/ Douglas K. Morrison</u> Signature of Attorney for Debtor(s). </div> <div> <u>1/28/2008</u> Date: </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made part of this petition.			
Information Regarding the Debtor-Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business, or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this district.			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) Name of landlord that obtained judgment: Address of landlord: <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			



Form B1, p.3 (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

<p>Voluntary Petition (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): CLEVELAND, ZORA</p>
<p>Signatures</p>	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Zora Cleveland</u> Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) _____ Date <u>1/28/2008</u></p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p><u>1/28/2008</u> Date</p>
<p>Signature of Attorney</p> <p>X <u>/s/ Douglas K. Morrison</u> Signature of Attorney for Debtor(s)</p> <p>Printed Name of Attorney for Debtor(s) Douglas K. Morrison</p> <p>Firm Name MORRISON & MIX</p> <p>Address 120 North LaSalle Street, Ste 2750 Chicago, Illinois 60602</p> <p>Telephone Number 312-726-0888</p> <p>Date <u>1/28/2008</u></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. §110.)</p> <p>Address</p> <p>X _____</p> <p>Date <u>1/28/2008</u></p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date <u>1/28/2008</u></p>	



UNITED STATES BANKRUPTCY COURT Northern

DISTRICT OF Illinois

In re: CLEVELAND, ZORA

Debtor(s) Case No.
Chapter

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

Name of Schedule	Attached (Yes/No)	Number of Sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	x	1	0.00		
B - Personal Property	x	5	6850.00		
C - Property Claimed as Exempt	x	1			
D - Creditors Holding Secured Claims	x	1		4000.00	
E - Creditors Holding Unsecured Priority Claims	x	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	x	5		36,856.72	
G - Executory Contracts and Unexpired Leases	x	1			
H - Codebtors	x	1			
I - Current Income of Individual Debtor(s)	x	1			1152.86
J - Current Expenditures of Individual Debtor(s)	x	1			1378.00
Total Number of Sheets of All Schedules		18			
Total Assets			6850.00		
Total Liabilities				40856.72	



Form B6, S2, (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

United States Bankruptcy Court

Northern

District Of Illinois

In re: CLEVELAND, ZORA

Debtor(s) Case No.

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I Line 16)	\$ 1152.86
Average Expenses (from Schedule J, Line 18)	\$ 1378.00
Current Monthly Income (from Form 22A Line 12; OR Form 22B Line 11; OR , Form 22C Line 20)	\$ 2,211.34

State the following:

1. Total from Schedule D, "Unsecured Portion, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 36,856.72
5. Total from non-priority unsecured debt (sum of 1, 3, and 4)		\$ 36,856.72

The foregoing information is for statistical purposes only under 28 U.S.C § 159.



Form B6 A (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total ->				(Report also on Summary of Schedules)



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
01 Cash on hand		Cash in Hand		25.00
02 Checking savings or other financial accounts certificates of deposit or shares in banks savings and loan thrift building and loan and homestead associations or credit unions brokerage houses or cooperatives.		Chase- checking and savings (negative balances)		0.00
		Health Care Associates Credit Union Savings Account		150.00
03 Security Deposits with public utilities telephone companies landlords and others.	x			
04 Household goods and furnishings including audio video and computer equipment.	x			
05 Books; pictures and other art objects; antiques; stamp coin record tape compact disc and other collections or collectibles.	x			
06 Wearing apparel.		clothing		100.00
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				275.00

Continuation sheets attached



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
07 Furs and jewelry.	x			
08 Firearms and sports photographic and other hobby equipment.	x			
09 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10 Annuities. Itemize and name each issuer.	x			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1) Give particulars.(file separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	x			
12 Interests in IRA ERISA Keogh or other pension or profit sharing plans. Give particulars.		401(k) through employer - cannot be drawn		0.00
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				275.00

Continuation sheets attached



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13 Stock and interest in incorporated and unincorporated businesses. Itemize.	x			
14 Interest in partnerships or joint ventures. Itemize.	x			
15 Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16 Accounts receivable.	x			
17 Alimony maintenance support and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18 Other liquidated debts owing debtor including tax refunds. Give particulars.	x			
19 Equitable or future interests life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A of Real Property.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				275.00

Continuation sheets attached



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20 Contingent and non-contingent interests in estate of a decedent death benefit plan life insurance policy or trust.	x			
21 Other contingent and unliquidated claims of every nature including tax refunds counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	x			
22 Patents copyrights and other general intellectual property. Give particulars.	x			
23 Licenses franchises and other general intangible. Give particulars.	x			
24 Customer lists or compilations containing personally identifiable information (as defined in 11U.S.C. §101(41A)) provided by individuals connected with obtaining product or service from the debtor primarily for personal family or household purposes.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				275.00

Continuation sheets attached



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25 Automobiles trucks trailers and other vehicles and accessories.		2001 Nissan, Altima		6,575.00
26 Boats motors and accessories.	x			
27 Aircraft and accessories.	x			
28 Office equipment furnishings and supplies.	x			
29 Machinery fixtures equipment and supplies used in business.	x			
30 Inventory.	x			
31 Animals.	x			
32 Crops-growing or harvested. Give particulars.	x			
33 Farming equipment and implements.	x			
34 Farm supplies chemicals and feed.	x			
35 Other personal property of any kind not already listed. Itemize.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				6,850.00

Continuation sheets attached



Form B6 C (10/05)

In re: CLEVELAND, ZORA

Debtor(s)	Case No.
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(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box).

- ☐ 11 U.S.C. § 522(b)(1): Exceptions provided in U.S.C. § 522(d). Note: These exceptions are available only in certain states.
- ☐ 11 U.S.C. § 522(b)(2): Exceptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash in Hand	735 ILCS 5/12-1001	25.00	25.00
Chase- checking and savings (negative balances)	735 ILCS 5/12-1001	0.00	0.00
Health Care Associates Credit Union Savings Account	735 ILCS 5/12-1001	150.00	150.00
clothing	735 ILCS 5/12-1001	100.00	100.00
401(k) through employer - cannot be drawn	735 ILCS 5/12-1001	0.00	0.00
2001 Nissan, Altima	735 ILCS 5/12-1001	1,500.00	6,575.00



Form B6 D (10/06)

Blumberg, Excelsior, Inc., Publisher, NYC 10013
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In re: CLEVELAND, ZORA

Debtor(s) Case No.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	C O D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C # 00102437377660001 Nissan Motor Acceptance PO Box 9001132 Louisville, KY 40290-1132			VALUE \$ 6,575.00 Auto Note on 2002 Nissan Ultima	4,000.00	0.00	
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
Subtotal -> (Total of this page)				4,000.00	0.00	
Total ->				4,000.00	0.00	

Continuation Sheets attached. (use only on last page of the completed Schedule D.)

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on
Summary of Schedules)(If applicable,
Report also on
Statistical Summary
of Certain
Liabilities and
Related Data.)



Form B6 E (10/06)

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Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPE OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$4925 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to a maximum of \$4925 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).
- ☐ **Deposits by individuals**
Claims of individuals up to a maximum of \$2225 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).
- ☐ **Alimony, Maintenance, or Support**
Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(7).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(8).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NO. (See Instructions)	C O D E	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY		C U D *
					AMT NOT ENTITLED TO PRIORITY, IF ANY		
				Total ->			
					Total ->		
Continuation Sheets attached.				Subtotal -> (Total of this page)			
(Use only on last page of the completed Schedule E. (Report total also on Summary of Schedules.)				Total ->			
(Use only on last page of the completed Schedule E.) If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				Total ->			



Form B6 F (10/06)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
9451 Cardiology Diagnostic Ser PO Box 616 Forest Park, IL 60130-061			Medical Bill		30.19
6571 Carson's Arrow Financial Services PO Box 628 Buffalo, NY 14240-0628			Credit Card		3,531.14
4706 Chase Bank Resurgence Financial 4100 Commercial Avenue Northbrook, IL 60062-1833			Credit Card		9,183.74
9141 Christ Hospital & Medical PO Box 70508 Chicago, IL 60673			Medical Bill		77.84
9519 Christ Medical Center 4440 W 95th Street Oak Lawn, IL 60453			Medical Bill		1,161.48
8292 Christ Medical Center 4440 W 95th Street Oak Lawn, IL 60453			Medical Bill		233.30
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 14,217.69
Total					\$ 14,217.69

(Use only on last page of the completed Schedule F.)
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0186 Christ Medical Center Medical Recovery Speciali 2256 E Devon Avenue Suite 352 Des Plaines, IL 60018			Medical Bill (File Number 6068751)		634.70
5114 Christ Medical Center Medical Recovery Speciali 2250 E Devon Ave Suite 352 Des Plaines, IL 60018			Medical Bill		100.00
9505 Circuit City 225 Chastine Meadows Ct. Kennesaw, GA 30144-5841			Credit Card		1,000.00
2680 Doubleday Book Club PO Box 6404 Camphill, PA 17012-6404			Book Club		42.96
9016 Evergreen Emergency Medical Collection 725 S Wells Ave Suite 700 Chicago, IL 60607			Medical Bill		225.00
8221 GM Card GM Card Member Services PO Box 37281 Baltimore, MD 21297-3281			Credit Card		2,782.82
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 4,785.48
Total					\$ 19,003.17

(Use only on last page of the completed Schedule F.)
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0949 JC Penney Steven J Fink & Associate 25 E Washington Suite 1233(A) Chicago, IL 60602			Credit Card		4,917.00
5388 MidAmerica Caediovascular 5009 W 95th Street Oak Lawn, IL 60453			Medical Bills		166.00
7578 Midwest Diagnostic Pathol 75 Remittance Drive Chicago, IL 60675-3070			medical bill		229.68
6988 Midwest Diagnostic Pathol 75 Remittance Drive Suite 3070 Chicago, IL 60675-3070			Medical Bill		80.86
8009 Midwest Orthopaedic Consu 10719 W 160th Street Orland Park, IL 60467			Medical Bill		488.20
1385 Montgomery Ward Performance Capital Manag PO Box 5017 Buena Park, CA 90662-5017			Credi Card		439.57
X continuation sheets attached.				Subtotal	\$ 6,321.31
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				Total	\$ 25,324.48



Form B6 F (10/06)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD EBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
5153 Oak Lawn Radiologists PO Box 3837 Springfield, IL 62708-383			medical bill		14.96
9141 Oaklawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678			medical bill		800.00
5580 SBC Illinois - AT&T Asset Acceptance LLC PO Box 2036 Warren, MI 48090-2036			utilities		289.01
2882 Sams Club Performance Capital Manag 7001 Village Drive Suite 255 Buena Park, CA 90621			Credit Card		453.14
0602 Sears Roebuck PO Box 183081 Columbus, OH 43218-3081			credit card		1,648.19
3790 Shell / Citi Cards Citi Cards PO Box 9151 Des Moines, IA 50368-9151			Credit Card		1,111.00
X continuation sheets attached. Subtotal					\$ 4,316.30
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) Total					\$ 29,640.78



Form B6 F (10/06)

BlumbergExcelstor, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
8959 St Bernard Hospital 326 W 64th Street Chicago, IL 60621-3114			Medical Bill		1,611.00
4252 US Cellular PO Box 7835 Madison, WI 53707-7835			utilities		491.87
7446 Walmart Asset Acceptance LLC PO Box 909886 Chicago, IL 60604			Credit Card		855.00
8883 Wells Fargo Financial Ban 9620 S Rubert Road Hickory Hills, IL 60457-2			Credit Card		2,553.00
3660 Wells Fargo Financial Ban PO Box 5058 Sioux Falls, SD 57117-505			Credit Card		1,705.07
				Subtotal	\$ 7,215.94
				Total	\$ 36,856.72

continuation sheets attached.

(Use only on last page of the completed Schedule F.)
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 G (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



Form B6 H (10/05)

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE H - CODEBTORS☒ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

DEPENDENTS OF DEBTOR AND SPOUSE		
Debtor's Marital Status	RELATIONSHIP	AGE
Single		
Employment	DEBTOR	SPOUSE
Occupation Home Health Aide Name of Employer Vitas Healthcare Corp & Subs		
How long employed 7 years		
Address of Employer 100 S Biscayne Blvd Miami, FL 33131		

INCOME: (Estimate of average monthly income at time case filed)

DEBTOR

SPOUSE

1. Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	2194.35	
2. Estimate monthly overtime	16.99	
3. SUBTOTAL	2211.34	0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	436.84	
b. Insurance	506.31	
c. Union dues		
d. Other (Specify) 401(k)	115.33	
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1058.48	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1152.86	\$ 0.00

7. Regular income from operation of business or profession or farm
(attach detailed statement) _____
8. Income from real property _____
9. Interest and dividends _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's
use or that of dependents listed above. _____
11. Social security or other government assistance (Specify) _____
12. Pension or retirement income _____
13. Other monthly income (Specify) _____

14. SUBTOTAL OF LINES 7 THROUGH 13
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals
from line 15; if there is only one debtor repeat total reported on line 15)

\$	1152.86	\$ 0.00
\$	1152.86	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:



Form B6 J (10/06)

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home) \$ 200.00
 a. Are real estate taxes included? ☐ Yes ☒ No b. Is property insurance included? ☐ Yes ☒ No
2. Utilities Electricity and Heating Fuel 100.00
 b. Water and Sewer _____
 c. Telephone _____
 d. Other _____

3. Home maintenance (repairs and upkeep) _____
 4. Food 200.00
 5. Clothing 50.00
 6. Laundry and dry cleaning 20.00
 7. Medical and dental expenses 40.00
 8. Transportation (not including car payments) 120.00
 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 20.00
 10. Charitable contributions _____
 11. Insurance (not deducted from wages or included in home mortgage payments)
 a. Homeowner's or renter's _____
 b. Life _____
 c. Health _____
 d. Auto 141.00
 e. Other _____

12. Taxes (not deducted from wages or included in home mortgage payments)
 (Specify) _____

13. Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan) 487.00
 a. Auto _____
 b. Other _____
 c. Other _____

14. Alimony, maintenance, and support paid to others _____
 15. Payments for support of additional dependents not living at your home _____
 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)
 17. Other _____

18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	1378.00
----	---------

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from line 15 of Schedule I _____
 b. Average monthly expenses from Line 18 above _____
 c. Monthly net income (a. minus b.) 0.00



Form B6 J (10/06)

In re: CLEVELAND, ZORA

Debtor(s) Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home) \$
 a. Are real estate taxes included? ☐ Yes ☒ No b. Is property insurance included? ☐ Yes ☒ No
 2. Utilities Electricity and Heating Fuel _____
 b. Water and Sewer _____
 c. Telephone _____
 d. Other _____

3. Home maintenance (repairs and upkeep) _____
 4. Food _____
 5. Clothing _____
 6. Laundry and dry cleaning _____
 7. Medical and dental expenses _____
 8. Transportation (not including car payments) _____
 9. Recreation, clubs and entertainment, newspapers, magazines, etc. _____
 10. Charitable contributions _____
 11. Insurance (not deducted from wages or included in home mortgage payments)
 a. Homeowner's or renter's _____
 b. Life _____
 c. Health _____
 d. Auto _____
 e. Other _____

12. Taxes (not deducted from wages or included in home mortgage payments)
 (Specify) _____

13. Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)
 a. Auto _____
 b. Other _____
 c. Other _____

14. Alimony, maintenance, and support paid to others _____
 15. Payments for support of additional dependents not living at your home _____
 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)
 17. Other _____

18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	0.00
----	------

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from line 15 of Schedule I _____
 b. Average monthly expenses from Line 18 above _____
 c. Monthly net income (a. minus b.) _____

0.00



Form 7 Stmt of Financial Affairs (10/06) Blumberg Excelsior, Inc., Publisher, NYC 10013

STATEMENT OF FINANCIAL AFFAIRS
UNITED STATES BANKRUPTCY COURT
Northern DISTRICT OF Illinois

In re: CLEVELAND, ZORA

Debtor(s) Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Questions 19-25. If the answer to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates or the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

NONE

01 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS

State the gross amount of income the debtor has received from employment trade or profession or from operation of the debtor's business including part-time activities either as an employee or in independent trade or business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains or has maintained financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCES
26692.86	2004
19464.00	2006

State the amount of income received by the debtor other than from employment trade profession operation of the debtor's business during the two years immediately preceeding the commencement of this case. Give particulars. If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCES
2371.00	Gambling Winnings

03A PAYMENTS TO CREDITORS

List all payments on loans installment purchases of goods or services and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

03B PAYMENTS TO CREDITORS

List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

03C PAYMENTS TO CREDITORS

List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT	NATURE OF PROCEEDING	COURT & LOCATION	STATUS OR DISPOSITION
First North American National Bank vs Zora V Cleveland and Vitas Healthcare Corp	debt	Circuit Court of Cook County, Municipal Division	Judgement (Wage deduction)
Asset Acceptance LLC vs Zora V Cleveland Case Number 07 M1 200232	Debt Collection	Circuit Court of Cook County Illinois	Judgement
07 M1 102813 HBLC, Inc vs Zora Cleveland	debt	Circuit Court of Cook County, Illinois	Judgment

NONE
X 04B SUITS AND ADMINISTRATIVE PROCEEDINGS EXECUTION GARNISHMENTS AND ATTACHMENTS

Describe all property that has been attached garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X 05 REPOSSESSIONS FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor sold at a foreclosure sale transferred through a deed in lieu of foreclosure or returned to the seller within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

06B ASSIGNMENTS AND RECEIVERSHIPS

List all property which has been in the hands of a custodian receiver or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless spouses are separated and a joint petition is not filed.)

NONE
X

07 GIFTS

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

08 LOSSES

List all losses from fire theft other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

09 PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by or on behalf of the debtor to any persons including attorneys for consultation concerning debt consolidation relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Chestnut Health Systems, Inc	September 5, 2007	45.00 (Credit Counseling - Certificate No 03591-ILN-CC-002469 072)

NONE
X

Case 08-01813 Doc 1
10A OTHER TRANSFERS

Filed 01/28/08
Document

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Desc Main

List all other property other than property transferred in the ordinary course of the business or financial affairs of the debtor transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

10B OTHER TRANSFERS

List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NONE
X

11 CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed sold or otherwise transferred within one year immediately preceding the commencement of this case. Include checking savings or other financial accounts certificates of deposit or other instruments; shares and share accounts held in banks credit unions pension funds cooperatives associations brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

12 SAFE DEPOSIT BOX

List each safe deposit or other box or depository in which the debtor has or had securities, cash or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE
X

13 SETOFFS

List all setoffs made by any creditor including a bank against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE
X

Case 08-01813 Doc 1 Filed 01/28/08
14 PROPERTY HELD FOR ANOTHER PERSON
Document

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List all property owned by another person that the debtor holds or controls.

NONE
X

15 PRIOR ADDRESS OF DEBTOR

If debtor has moved within three years immediately preceding the commencement of this case list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed report also any separate address of either spouse.

NONE
X

16 SPOUSES AND FORMER SPOUSES

If the debtor resides or resided in a community property state commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NONE
X

17A ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and if known the Environmental Law:

NONE
X

17B ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE
X

List all judicial or administrative proceedings including settlements or orders under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

X

18A NATURE LOCATION AND NAME OF BUSINESS

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was an officer, director, partner or managing executive of a corporation, partner in a partnership, sole proprietor or was self-employed in a trade, profession or other activity either full-or part-time within six years immediately preceding the commencement of this case or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all business in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NONE
X

18B NATURE LOCATION AND NAME OF BUSINESS

Identify any business listed in response to subdivision a. ,above, that is "single asset real estate" as defined in 11 U.S.C. Sec. 101.



Form B22A (Chapter 7) (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

According to the calculations required by this statement:

☐ The presumption arises.

☒ The presumption does not arise.

(Check the box as directed in parts I, III, and VI of this statement.)

In re: CLEVELAND, ZORA

Debtor(s) Case Number:

(If known)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS

1

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. §3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. §101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).

Part II. CALCULATION OF MONTHLY INCOME FOR §707(B)(7) EXCLUSION

2

Marital / filing status. Check the box that applies and complete the balance of this part of this statement as directed.

- a. ☒ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-11.**
- b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of §707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-11.**
- c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11**
- d. ☐ Married, filing jointly. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.

	Column A Debtor's Income	Column B Spouse's Income
3	\$ 2,211.34	\$ NA
4	\$ 0.00	\$ NA
5	\$ 0.00	\$ NA
6	\$ 0.00	\$ NA
7	\$ 0.00	\$ NA
8	\$ 0.00	\$ NA

3 **Gross wages, salary, tips, bonuses, overtime, commissions.**

4 **Income from the operation of a business, profession, or farm.** Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. **Do not include any part of the business entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$ 0.00	0.00
b.	Ordinary and necessary business expenses	\$ 0.00	0.00
c.	Business income	Subtract Line b from Line a	

5 **Rent and other real property income.** Subtract Line b from Line a and enter the difference on Line 5. Do not enter a number less than zero. **Do not include any part of the operating expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$ 0.00	0.00
b.	Ordinary and necessary business expenses	\$ 0.00	0.00
c.	Business income	Subtract Line b from Line a	

6 **Interest, dividends, and royalties.**

7 **Pension and retirement income.**

8 **Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.** Do not include amounts paid by the debtor's spouse if Column B is completed.



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9	Unemployment compensation. Enter the amount in Column A and, if applicable, Column B. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	
			\$ 0.00	\$ NA

10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.			
	Total and enter on Line 10		\$ 0.00	\$ NA

11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B Is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,211.34	\$ NA
12	Total Current Monthly Income for § 707(b)(7). If Column a has been completed, add Line 11, Column A to Line 11, Column A, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column B.	\$ 2,211.34	

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 26,536.08
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.aov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ a. Enter debtor's household size: 1	\$ 41,650.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$ NA
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT regularly contributed to the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$ NA
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$ NA

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.aov/ustl or from the clerk of the bankruptcy court.)	\$ NA
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ NA



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20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 0.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$ NA
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 0.00									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. if you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$ NA									
22	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ NA									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs, First Car</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ NA
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ NA
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									



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25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$	NA
26	Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.	\$	NA
27	Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$	NA
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.	\$	NA
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$	NA
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	NA
31	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 34.	\$	NA
32	Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller id, special long distance or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	NA
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$	NA

Subpart B: Additional Expense Deductions under § 707(b)
Note: Do not include any expenses that you have listed in Lines 19-32

34	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories.		\$	NA		
	a.	Health Insurance			\$	0.00
	b.	Disability Insurance			\$	0.00
	c.	Health Savings Account			\$	0.00
	Total: Add lines a, b and c					
35	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$	NA		
36	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$	NA		
37	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case Trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.		\$	NA		
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$	NA		
39	Additional food and clothing expenses. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is and necessary.		\$	NA		



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40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §170(c)(1)-(2).	\$	NA
41	Total Additional Expense Deductions under §707(b). Enter the total of Lines 34 through 40	\$	NA

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.	\$	NA
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43	Past due payments on secured claims. If any of the debts listed in Line 42 are in default, and the property securing the debt is necessary for your support or the support of your dependants, you may include in your deductions 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$	NA
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44	Payments on priority claims. Enter the total amount of all priority claimes (including priority child support and alimony claims), divided by 60.	\$	NA
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45	Chapter 13 administrative expenses. If you are eligible to file a case under Chpater 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. <table border="1"> <tr> <td>a.</td><td>Projected average monthly Chapter 13 plan payment.</td><td>\$</td><td>0 . 00</td></tr> <tr> <td>b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usjo.gov/ust/ or from the clerk of the bankruptcy court.)</td><td>X</td><td>0 . 00</td></tr> <tr> <td>c.</td><td>Average monthly administrative expense of Chapter 13 case</td><td colspan="2">Total: Multiply Lines a and b</td></tr> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	0 . 00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usjo.gov/ust/ or from the clerk of the bankruptcy court.)	X	0 . 00	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b		\$	NA
a.	Projected average monthly Chapter 13 plan payment.	\$	0 . 00												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usjo.gov/ust/ or from the clerk of the bankruptcy court.)	X	0 . 00												
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b													

46	Total Deductions For Debt Payment. Enter the total of Lines 42 through 45.	\$	NA
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Subpart D: Total Deductions Allowed under §707(b)(2)

47	Total of all deductions allowed under §707(b)(2). Enter the total of Lines 33, 41, and 46.	\$	NA
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Part VI. DETERMINATION OF §707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for §707(b)(2))	\$	NA
49	Enter the amount from Line 47 (Total of all deductions allowed under §707(b)(2))	\$	NA
50	Monthly disposable income under §707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$	NA
51	60-month disposable income under §707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$	NA

52	Initial presumption determination. Check the applicable box and proceed as directed. <div> <input type="checkbox"/> The amount on Line 51 is less than \$6,000 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. </div> <div> <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,000. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. </div> <div> <input type="checkbox"/> The amount on Line 51 is at least \$6,000, but not more than \$10,000. Complete the remainder of Part VI (Lines 53 through 55). </div>
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53	Enter the amount of your total non-priority unsecured debt	\$	NA
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$	NA
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The Presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>		

Part VII: ADDITIONAL EXPENSE CLAIMS

56	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §707 (b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>	\$	0.00
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Part VIII: VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)</p> <p>Date: <u>1/28/2008</u> Signature: <u>/s/ Zora Cleveland</u> (Debtor)</p> <p>Date: <u>1/28/2008</u> Signature: _____ (Joint Debtor, if any)</p>		
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